

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 744698 RECEIPT DATE: 01 / 29 / 01  
IA NUMBER: PCT/ US99 / 16950 IA FILING DATE: 07 / 27 / 99  
FAMILY NAME: KIRWAN DELAY WAIVED (Y/N): Y  
GIVEN NAME: JOHN M. DEMAND RECEIVED (Y/N): Y  
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 07 / 27 / 98  
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
ATTORNEY DOCKET NUMBER: F0397/7050 COUNTRY:  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000  
FAX

NAME: TIMOTHY J OYER  
WOLF GREENFIELD & SACKS  
STREET: 600 ATLANTIC AVENUE

CITY: BOSTON  
STATE/COUNTRY: MA ZIP: 02210  
EMAIL:  
APPLICATION TITLES:  
UNIVERSAL MODULAR SURGICAL APPLICATOR SYSTEMS

TAB TO LAST POSITION, PUSH SEND